



Dadaab to Somalia: *Pushed Back Into Peril*



October 2016



Introduction

Twenty-five years ago, as conflict in Somalia intensified and drought and a massive food crisis wrought havoc on southern parts of the country, thousands of people began to flee across the border to neighbouring Kenya. They escaped to what today has become the world's largest refugee camp, currently home to some 277,000 people.

On 6 May 2016, the Government of Kenya announced that the Dadaab camps will close, citing economic, security and environment concerns. The announcement threw into question the 2013 Tripartite Agreement between the Kenyan and Somali Governments and the UNHCR, which had outlined the terms for return of refugees, but on a voluntary basis only.

The decision has caused much fear and anxiety among the refugees, and attracted a mix of international support and outcry. The UNHCR has since agreed to help facilitate the "voluntary" returns, and many donor countries have promised funding for the process. This is despite widespread knowledge that Somalia is still a zone of deadly conflict, and that it lacks basic and essential services such as health and education. Inside the country, war has uprooted an estimated 1.1 million people from their homes and a further 900,000 have fled to neighbouring countries. Just under one month ago, the UN itself warned that five million people in Somalia are facing hunger due to acute food shortages.¹

As the November 2016 deadline² for the closure of the Dadaab camps looms closer, Médecins Sans Frontières (MSF) remains strongly opposed to the announcement: extreme levels of insecurity and a dangerous absence of medical care mean that the conditions necessary for a safe and dignified return are simply not present in many parts of Somalia today. Hundreds of thousands of lives will be put at risk.

MSF survey reveals refugees unwilling to return

To better understand the concerns of refugees regarding the announcement, MSF undertook a survey in Dadaab's Dagahaley camp in July and August. An overwhelming **86% of people told us they were unwilling to return to Somalia**, and **84.8% said that, as far as they know, health services in Somalia are unavailable**. Fear of insecurity was a major concern, with **nearly all respondents (97%) saying that the risk of sexual violence is high**. Despite insecurity in the camps being cited as a common reason by the Government for closure, **96% of refugees deem Dagahaley camp as 'very safe.'**

"What is clear is that returning to Somalia now will have disastrous consequences on people's health," says Liesbeth Aelbrecht, Head of Mission for MSF in Kenya. "It will escalate their vulnerability to malnutrition, weakening their immune systems and making them vulnerable to infectious diseases. People with non-communicable diseases, such as hypertension and diabetes, will have little access to diagnosis or treatment; those with major depression, psychosis and other mental health disorders will have to cope without medication or care."

The Dadaab camps have sheltered refugees for a quarter of a century. While the camps provide a far from perfect solution – living conditions are poor, and refugees are vulnerable to disease outbreaks – humanitarian assistance has at least up until now been guaranteed. On the other side of the border, this is simply not the case. Until there is sufficient stability in Somalia for a voluntary and safe return, refugees must be provided assistance in the country of asylum or given alternatives which ensure their health, security and dignity is prioritised.

¹ <https://unsom.unmissions.org/five-million-people-face-hunger-somalia-says-un>

² The Government of Kenya has publicly stated on several occasions that the camps will close by 30 November 2016

Fears of insecurity

- 86%** are unwilling to return to Somalia
- 83%** rate Somalia as “very unsafe”
- 96%** rate Dagahaley camp as “very safe”
- 97.5%** rate the risk of forced recruitment into armed groups in Somalia as high
- 97%** (both male and female) say risk of sexual violence in Somalia is high
- 90.5%** rate the risk of sexual violence high during travel from Dagahaley to Somalia

Unavailable healthcare

- 84.8%** believe health services will not be available in Somalia
- 30%** have a household member who needs medical care for a chronic condition
- 20%** have a household member who needs mental healthcare

Trapped in Dadaab



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For the past 25 years, the residents of Dadaab have lived their lives in limbo. Denied the right to work, travel or integrate into Kenyan society, the camps' refugees have been trapped, with no choice but to stay put in the vast complex in north-eastern Kenya.

Now with the threat of the camps' closure hanging over them, many refugees have expressed fears that the 'voluntary' part of the return decision will be disregarded, and they will be given no option but to return.

³ Focus group discussions involved 75 people (42 male and 33 female) in Dagahaley camp: 10 MSF incentive workers, 9 community leaders, 10 members of community health groups, 10 woms, 10 religious leaders, 10 patients with chronic diseases and their caretakers, 6 youth group leaders and 10 schoolchildren.

⁴ Interviews were carried out with 31 people (including patients, MSF incentive workers and community members).

To understand the refugees' concerns and needs, in July and August 2016 MSF conducted a series of discussions³ and interviews⁴, and a household survey⁵, with refugees in Dagahaley camp about their current situation and the prospect of a return to Somalia. The message they returned was clear:

'Going back to Somalia is not an option'

Out of 838 people surveyed, 86 percent stated that neither they nor anyone in their household intended to move to Somalia. Out of an additional 106 people we spoke to during in-depth interviews, all but two were adamant that they did not want to return to Somalia and were not considering voluntary repatriation. Again and again, refugees told us they were unwilling to be sent to a country without peace or a functioning government, and where security, healthcare and education, as well as the essentials needed to survive, are unavailable.⁶

“Somalia is currently not in a position to take care of itself, and so the decision to move the refugees back to Somalia only means exposing them to imminent danger. I am afraid to go back because there is no life and no hope there.”

– Member of community health committee

Many refugees in Dadaab see the option of staying in Kenya or being sent back to Somalia as a stark choice between life and death. “The Kenyan government will better have the option of killing me and my family, but going back to Somalia is not an option,” said a refugee.

Dadaab: 'Not rosy, but heaven compared to Somalia'

Refugees living in the camps at Dadaab face numerous hardships. Unable to travel or work outside the camps, they have been forced to live in a situation of dependency – on food rations from the UN and on the services provided by aid organisations.

“People here are confined to a camp that is only open from above. The food ration lacks nutrition; there are long queues at the tap stands for water; carcasses lie in the streets. Life is pathetic.” – Refugee health volunteer

Dadaab and the region have suffered a myriad of emergencies over the years, including malnutrition crises, droughts, floods and a deadly epidemic of Rift Valley fever. Recent years have

⁵ The survey polled 838 heads of households (53% male and 47% female) in Dagahaley camp, with households totalling 5,470 individuals.

⁶ Despite the tripartite agreement, some in Somalia agree that conditions are not conducive for the refugees' return: in early September, Jubaland authorities turned back 16 buses of refugees travelling from Dadaab to Kismayo. Minister for Interior Mohamed Darwish said his administration would not take more refugees, citing inadequate humanitarian support and the security risk. See: www.the-star.co.ke/news/2016/09/02/3000-dadaab-refugees-stuck-as-jubaland-blocks-their-entry_c1413085

seen sporadic outbreaks of measles and cholera, and a sharp rise in cases of sexual violence.

Since a series of security incidents from 2011 onwards, the number of international organisations working in the camps has dwindled, aid funding has been reduced, and services and food rations have been cut. At the same time, overcrowding and depleted resources have resulted in shortages of fuel and clean water.

But, at the same time, Dadaab has provided the refugees with a relatively safe place to live – 96% of those surveyed considered Dagahaley camp to be “very safe.” In the camps are schools for their children offering a high standard of education, and hospitals providing free, quality healthcare – all unavailable in the warring countries from which they fled. Added to this, for many in the camps, Dadaab is the only home they have ever known.

“I have been a refugee in Dadaab for the past 24 years. I have had many opportunities, including having my children in school, free healthcare, maximum security.”

– Member of community health committee

“The living condition in the camps is not rosy,” said one refugee, “but still it is heaven for us in comparison to going back to Somalia.”

Somalia: ‘No life and no hope’



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A large proportion of Dadaab’s refugees – including almost half of those we surveyed — were born in Kenya in the camp. But, whether or not they have direct experience of Somalia, all are anxious about what they might find.

Their main concerns involve security, access to health services, access to education, and the availability of such essentials as food, water and shelter.

Security

Somalia has been in conflict for more than 25 years. The situation is complex and extremely volatile, with ongoing fighting for territory and political control between the Federal Government of Somalia, militant group Al Shabaab and various clan militias. Also engaged in the conflict are peacekeeping troops from the African Union Mission in Somalia (Amisom), made up of soldiers from five neighbouring countries including Kenya.

The security situation in Somalia is a significant concern for most refugees. Almost three in four people surveyed said they were not confident that they could ensure the security of their household in Somalia, and 83% rated Somalia as “very unsafe.” This compares to the more than 96% of people who rated Dagahaley camp as “very safe.”

More than 90% of those surveyed felt there was a high risk of violence during travel to Somalia – including sexual violence, theft and violent attacks. And the risks of living in Somalia were seen as even higher, with more than 96% of households stating that there was a high risk of explosions and violent attacks. Three in four also believed the risk of experiencing problems with host communities was high.

More than 97% - both males and females - voiced fears about the risk of sexual violence both during travel and in Somalia. There was also concern that unmarried mothers would receive death threats.

A number of those we spoke to had recent first-hand experience of the situation in Somalia. “I went back to Somalia as part of a survey team taken there to assess the security situation,” said a female member of a community health committee. “While at the embassy, what we saw was continuous gunfire and plenty of hostility.”

More than 97% of people believed there was a high risk of forced recruitment into armed groups. Children are deemed to be particularly at risk, with multiple reports of boys being forcefully recruited into armed groups as well as fears of radicalisation. “A family with two sons that went back recently to Somalia was told to bring one of their sons to be recruited by Al Shabaab or else they would kill both of them,” said one refugee.

“Both the militia and the Federal Government of Somalia might forcefully recruit the youth into their forces. My son was abducted in Somalia; I have three other boys and I am afraid they will be at risk if they go back.”

– Member of women’s group



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Health services

In Dagahaley camp, refugees receive comprehensive and quality health services, all free of charge – a stark contrast to what they have heard is available in Somalia.

“Under MSF, mothers have all the necessities of reproductive health, including free antenatal and maternity services, and also transport services to take mothers to deliver at the hospital. If we are forcefully returned to Somalia, with no amenities whatsoever, our mothers will be left to die.”

– Member of community health committee

More than four in five people said that the health services required by their household would not be available to them in Somalia. The main medical needs were identified as general healthcare services, including inpatient and outpatient care (97% of households); child health, including immunisations and malnutrition treatment (81% of households); and care for mothers and babies, including antenatal care, safe deliveries and postnatal care (65% of households). Nearly everyone we spoke to was worried about how this would affect their family members, including pregnant wives, vulnerable children and aged parents.

“My wife is pregnant. If we go back, where will she continue with antenatal services? Moreover, where will she deliver? What if she has complications?” asked one refugee.

“I have a small child who has just received the first jab of pentavalent vaccine – where will he get the remaining vaccines if we go back to Somalia?” asked another.

Nearly one-third of those surveyed reported that their household needed care for chronic conditions such as asthma, diabetes and hypertension. According to MSF medical staff, people with undiagnosed non-communicable diseases will be at increased risk in Somalia, as symptoms do not usually become severe until an advanced stage of the disease, lessening their impetus, in a difficult situation, to seek healthcare until it is too late. Those who are already on treatment – including 800 patients with diabetes and hypertension in Dagahaley camp alone – need continuity of care to safeguard their health. The same is true for patients with tuberculosis, for whom interrupted treatment brings with it the risk of drug-resistance developing.

Nearly one-fifth of those surveyed said their household had a need for mental health services. Major depression and other mental health disorders are increasingly common amongst the refugees; 5% of all outpatient consultations in Dagahaley camp are related to mental health, and as many as 70% of MSF’s mental health patients are on medication. Deprived of



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care, patients' mental health is almost certain to deteriorate, while those patients with psychosis who are forced to come off medication risk their cognitive function and behaviour development going into reverse.

"People with chronic diseases like hypertension and diabetes, people with mental illness... they will all be left for dead since there are no amenities to help them back in Somalia." – health worker

The fact that Somalis currently come to the camps for medical treatment is a telling indication of what is available on the other side of the border. So too is MSF's experience that children arriving at Dadaab from Somalia have never received routine childhood vaccinations, and outbreaks of measles amongst new arrivals are commonplace. In Somalia, a 2013-14 outbreak of polio – a disease which has been almost eradicated across the rest of the world – further suggests the extent to which health services within the country have failed.

"Frankly speaking, we don't know where we will seek health services in Somalia. Even those in Somalia are coming here to the refugee camp for treatment" – Community leader

Asked if there were other options for healthcare in Somalia, some cited prohibitively expensive private clinics, or pharmacies where drugs are frequently out of date or of poor quality. But in the remoter areas, not even these alternatives exist, according to those we spoke to. "People in remote areas have no care – only traditional herbs and healers can be used," said one woman.

Essentials: food, water, shelter, aid

Many refugees expressed concerns over the availability of such essentials as food, water and shelter, with between one-half and two-thirds of those surveyed reporting a lack of confidence that they would be able to meet their households' basic needs in Somalia.

Conditions for return

Asked what would induce them to return voluntarily to Somalia, refugees cited the same priorities over and over again: security, peace, a functioning government, health services, education, food, water, shelter, land and employment opportunities.

Almost 70% said they would prefer to have the head of household or another adult male member of the household travel ahead of the rest of the group. This finding may reflect the fact that many of the camp residents have lived in the camp for all or much of their lives and do not have a clear idea of what they would experience in Somalia.

They also asked for clear information about what they would find in Somalia. "Before people are repatriated, they need to know where they are going and what is there – whether there are health services, water, schools, security etc.," said a community leader.

There was general agreement that, once these conditions were met, they would be prepared to return. "When and if security improves, government services reach the community, and children are able to go to school, then it will be no issue to go back to Somalia," said a refugee health worker.





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Conclusion: 'Between a rock and a hard place'

With the vast majority of residents in Dadaab camp stating they have no willingness to return to Somalia, MSF puts under serious question whether 'voluntary' repatriation – the condition for return stated by the UNHCR – is feasible at this point. A camp-wide survey incorporating all five camps was also recently carried out by the UNHCR, in which three quarters of the entire population expressed they were not willing to go back to Somalia.⁷

"There is a need to give assurances to the returnees that this process is voluntary and not forceful, as is the case now" - refugee

As a medical organisation, MSF's main concerns are linked to the serious absence of medical care in Somalia, with the health system torn apart following years of conflict. This is a country where children will not be able to routinely receive vaccinations against deadly diseases such as measles and meningitis, where chronically ill patients will not have their continued care guaranteed, and where people, especially children under five, will be vulnerable to malnutrition due to acute food shortages in the country.

For a quarter of a century, the refugees in Dadaab have been trapped, with little opportunity to make decisions about their future and ignored by the outside world. Now they have been presented with a course of action – to return to their country of origin – but, with no viable alternatives on offer, for them, the option of repatriation to Somalia is no choice at all.

"I feel like I have fallen in between a rock and a hard place: on one side is the Government of Kenya that no longer wants us on its soil; on the other is a terrorist militia group who are bloodthirsty and eagerly waiting for our return. This makes me think like I am so much squeezed and sometimes feel like I have difficulty breathing." – Refugee health worker

Recommendations

While acknowledging the crucial role that the Government of Kenya has played in providing refuge for the last 25 years, MSF urges that:

- 1) The decision to close Dadaab camps is reconsidered until such time that refugees can return to Somalia safely, voluntarily and with dignity
- 2) If refugees make the decision to return to Somalia, that the repatriation process is carried out under the terms of the 2013 Tripartite Agreement – in a strictly voluntary manner
- 3) Even if the Government of Kenya reverses or reconsiders its decision to close the camps, an adequate and consistent level of humanitarian assistance must be provided in Dadaab. MSF finds the current situation unacceptable, where refugees live entirely dependent on fluctuating levels of international aid, in poor living conditions and are unable to leave the camps.
- 4) Concurrently, Kenya should be supported by the UNCHR and key donor countries to look at feasible, longer term solutions to the camps. This includes resettlement to third countries, integration into Kenyan society, or the construction of smaller and more manageable camps.

⁷ <http://reliefweb.int/sites/reliefweb.int/files/resources/15%20September%20UNHCR%20Dadaab%20bi-weekly%20Update.pdf>



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History of the camps at Dadaab

1991

Conflicts in Somalia, Sudan and Ethiopia, as well as persistent drought and famine, force thousands of people to flee to Kenya. The camps are established as temporary shelter for some 90,000 people.

2006

Intensifying violence in Somalia prompts thousands more refugees to seek asylum in Kenya

2011

Dadaab comes to the world's attention when severe drought in the Horn of Africa and rising violence in Somalia lead to more than 160,000 more people arriving at Dadaab, many of them suffering from exhaustion and malnutrition. The lack of space for new arrivals prompts the opening of two more satellite camps, while the number of residents of the camps burgeons to more than 460,000 – although many of these new arrivals subsequently return to Somalia of their own accord.

2013

The Government of Kenya, Somalia and the UNHCR sign a 'tripartite agreement' to promote the voluntary repatriation of Somali refugees to Somalia. Until today, some 30,000 people have taken up this option, according to the UNHCR.

2016

Twenty-five years after they were established, the camps have grown into a city – albeit one built out of mudbricks, thorn branches and sheets of tin – and are currently home to some 277,000 people, making Dadaab the largest refugee complex in the world. In May, the Government of Kenya announces its intention to close the camps by the end of the year.

MSF in Dadaab

MSF began working in Dadaab in 1992, when the camps were first established, and has had a continuous presence there since 2009. Currently MSF runs a 100-bed hospital and two health posts for the 67,000 residents of Dagahaley camp (one of the five camps that make up the refugee complex). MSF also provides healthcare to the local population and responds to emergencies in the region, including the Garissa University attacks in 2015 and the cholera outbreak in Mandera country in 2016.

Each month, MSF teams in Dagahaley camp provide an average of:

12,622 outpatient consultations

685 people admitted to hospital

967 antenatal consultations

285 deliveries in maternity ward

68 malnourished children treated in inpatient feeding centre

62 surgical operations

400 patients cared for in the mental health programme

37 terminally ill patients provided with palliative care



About Médecins Sans Frontières

Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare. MSF offers assistance to people based on need, irrespective of race, religion, gender or political affiliation. Thousands of health professionals, logistical and administrative staff – most of whom are hired locally – work on programmes in some 69 countries worldwide.